



**STATE OF TENNESSEE  
TENNESSEE EMERGENCY COMMUNICATIONS BOARD  
DEPARTMENT OF COMMERCE AND INSURANCE**

500 JAMES ROBERTSON PARKWAY, NINTH FLOOR  
NASHVILLE, TENNESSEE 37243  
615-253-2164/FAX: 615-401-7642

**REQUEST FOR REIMBURSEMENT OF RECURRING AND NON-RECURRING  
COSTS FOR IMPLEMENTATION FOR E-911**

**DISTRICT:** \_\_\_\_\_  
**CONTACT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

In accordance with Tenn. Code Ann. § 7-86-306(a)(10), the undersigned requests, on behalf of the above stated Emergency Communications District, the following reimbursement or payments of obligations incurred for implementation of wireless enhanced 911 service in Tennessee.

					Check Appropriate Costs	
	Date		Date	Cost	P1	P2
Non-Recurring Costs <sup>1</sup>		Through				
Monthly Recurring Costs		Through				
Total Cost Reimbursement						
Other						

**Explanation for Other:** \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I hereby certify that this request for cost recovery, which is submitted to the Tennessee Emergency Communications Board pursuant to Tenn. Code Ann. § 7-86-306(a)(10), is correct and valid. I further certify that the amount claimed was expended to implement, operate, maintain or enhance statewide wireless enhanced 911 service in conformance with all applicable orders and rules of the Federal Communications Commission and other federal and state requirements that pertain to wireless enhanced 911 service.

\_\_\_\_\_  
**Signature of District Agent**

\_\_\_\_\_  
**Date**

<sup>1</sup> A single, one-time expenditure.